

REIMBURSEMENT REQUEST AND STUDENT ENROLLMENT REPORT 2008-2009 School Year

DIRECTIONS: Completed enrollment sheets must be submitted two weeks after the semester ends with both the Driver Education Instructor and Business Manager's signatures. Make a copy of this report for your records and return the original to: Office of Driver & Traffic Safety Education, Vermont Department of Education, 120 State Street, Montpelier, VT 05620-2501.

Name of School: _____

Dates of Program: From: _____ To: _____

ENROLLMENT INFORMATION:

VERMONT STUDENTS Pass: _____ Fail: _____ TOTAL _____ Drop: _____ Incomp: _____ Total enrolled _____	NON VT RESIDENT and FOREIGN EXCHANGE Pass: _____ Fail: _____ Drop: _____ Incomp: _____ Total _____	Schools receive reimbursement for students who <u>complete</u> (by either <u>pass or fail</u>) all phases of the Driver Education program (30 hrs class, 6 hrs driving, 6 hrs observation). Schools are not reimbursed for students who drop or are incomplete. <u>Non Vermont Resident and Foreign Exchange</u> students need to be counted separately.
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SIGNATURE OF INSTRUCTOR: _____

SIGNATURE OF SCHOOL BUSINESS MANAGER: _____

FOR STATE DEPARTMENT OF EDUCATION USE ONLY:

Pass: _____	Insurance: Days on: _____	Reimbursable Enr: _____ x \$71 = _____
Fail: _____	Cost of Ins: _____	Less Direct Cost: _____
	Ins. Total: _____	
TOTAL _____		Total Amount of Reimbursement: _____
For reimbursement		
	Vendor #: 00000 _____	
	Total Direct Cost: _____	Project #: 3282 _____ 0900

Fund: 10000 **Dept ID:** 5100038000 **Program:** 49387 **Proj/Grant:** 51210009
Class: 00001